## PERSONNEL FILE AUTHORIZATION

STATE OF MAINE BUREAU OF HUMAN RESOURCES

NAME OF EMPLOYEE		SSAN	DATE
CURRENT JOB TITLE		NAME OF EMPLOYER	
The Bureau of Human Resources will make the microf	iche per	econnel records of state en	anlovees available for
inspection during normal working hours in accordance			ipioyees available for
<ol> <li>An employee or his/her designated represent completion of this form. A copy of this form will be plated. You may make a paper copy of material on you charge. Copies made beyond the five pages will be charged. You may keep a microfiche copy of the microful. You may request that we add appropriate mated. So Every attempt will be made to provide immediate to schedule a time for review.</li> <li>We do not provide information of a confident request so on this form.</li> </ol>	aced on t your mic rged at th fiche rece rial to you liate serv	the microfiche record for the crofiche. Up to 5 pages in the prevailing rate. Ford. Our microfiche. Vice, but in some instance	future reference.  may be copied free of  es it may be necessary
I hereby authorize the following named individual		m the named organiza	ntion to review my
microfiche personnel file and to make copies and add		_	tion to review my
NAME OF INDIVIDUAL TO REVIEW FILE		ANIZATION	
SIGNATURE OF EMPLOYEE			DATE